

# **EXHIBIT 3**

**UNDERWRITTEN BY GLOBE LIFE AND ACCIDENT INSURANCE COMPANY • OKLAHOMA CITY, OK**  
**GLOBE FAMILY SERVICES TRUST**  
 (PLEASE PRINT) **ENROLLMENT FOR  \$5,000 OR FOR  \$10,000 LIFE INSURANCE**

1. Name	Velma Middlebrooks	2. Sex	M <input type="checkbox"/> F <input checked="" type="checkbox"/>	3. Birthdate	ON FILE
4. Street Address	REDACTED	5. City	Atlanta	6. State	GA
				7. Zip Code	30318-5924
5. Name of Beneficiary	ON FILE	DEBORAH LEWIS	REDACTED	6. Relationship	ON FILE
7. Is the Proposed Insured currently disabled due to illness, confined to a hospital, nursing facility or does the Proposed Insured require the use of a wheelchair? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					
8. In the past 3 years, has the Proposed Insured had or been treated for: (a) Cancer, coronary artery disease or any disease or disorder of the heart, brain or liver? <input type="checkbox"/> <input checked="" type="checkbox"/> (b) Chronic kidney disease or kidney failure, muscular disease, mental or nervous disorder, chronic obstructive lung disease, drug or alcohol abuse, or hospitalized for diabetes? <input type="checkbox"/> <input checked="" type="checkbox"/> (c) Acquired Immune Deficiency Syndrome (AIDS), AIDS Related Complex (ARC) or tested positive on an AIDS related blood test? <input type="checkbox"/> <input checked="" type="checkbox"/>					
9. Does the Proposed Insured have any chronic illness or condition which requires periodic medical care or may require future surgery? <input type="checkbox"/> <input checked="" type="checkbox"/>					
10. Does the Proposed Insured intend to replace or change any existing life insurance policies or annuities in connection with this enrollment? If yes, list company name and address of existing insurance on reverse side <input type="checkbox"/> <input checked="" type="checkbox"/>					

I am enclosing the initial premium and understand that the insurance applied for will become effective on the date this enrollment is approved in the Administrative Office of Globe Life And Accident Insurance Company. Should the enrollment be declined, the amount paid will be refunded.

Date 56-5-05

Velma L. Middlebrooks  
 Applicant-Owner Signature

Form 4657(10)

This enrollment with check or cash should be mailed in the return envelope enclosed  
 Make check payable to Globe Life And Accident Insurance Company

(TL-100)

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